PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C RPORATION
RE NSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000126012

Corporation Name

Solution Manufacturer Representative, Inc

900120969229
03/24/08--01004--012 **750.00

REINSTATEMENT
CR2E081 (1/07) 06-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4585 Randall Blvd	4585 Randall Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34120 Country: USA	Zip: 34120 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/30/2004

5. FEI Number: 201511233 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Adoption Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Daniel Fernandez

Address (P.O. Box Number is Not Acceptable): 4585 Randall Blvd

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34120

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

I, having been appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 2/29/08

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Daniel Fernandez	4585 Randall Blvd	Naples, FL 34120
VP	Antoan Gutierrez	4585 Randall Blvd	Naples, FL 34120

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 2/29/08 R. Mitchell MAR 5 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #